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DATE: April 30, 2002

FROM: L.E. Carnahan
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TO: Customer Service Center
Initial Patent Examination Division
FAX NO.: (703) 746-9195

REFERENCE: Response to Request for Corrected Filing Receipt
Application No. 10/032,758
Filing Date: 10/19/2001
Applicant: Daniel M. Mokowiecki

NUMBER OF PAGES TO FOLLOW: 4

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Daniel M. Makowiecki, et al. Docket No. : IL-10939
 Serial No. : 10/032,758 Art Unit :
 Filed : October 19, 2001 Examiner :
 For : Limited-Life Cartridge Primers

Office of Initial Patent Examination
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 Commissioner for Patents
 Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:
 - ☒ incorrectly entered
 - and/or
 - ☐ omitted.

Incorrectly Entered

Correct Data

1. ☐ Applicant's names..... 1.
2. ☐ Applicant's address..... 2.
3. ☐ Title..... 3.
4. ☐ Filing Date..... 4.
5. ☐ Serial Number..... 5.
6. ☒ Priority Data..... 6.

This is a continuation-in-part of Application Serial No. 08/998,370, filed December 24, 1997, and Application Serial No. 09/379,485 filed August 23, 1999 which is a divisional application of Application 08/998,370 which is a divisional application of Application Serial No. 08/490,107 filed June 14, 1995.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as express mail in an envelope addressed to: Commissioner for Patents, Box: Office of Initial Patent Examination's Customer Service Center, Washington, D.C. 20231, on the date printed below:

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A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.

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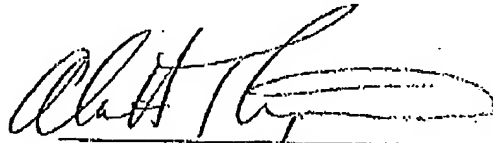
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Tel. No.: (925) 422-7280

Dated: 4-30-02



Alan H. Thompson

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/032,758	10/19/2001	Daniel M. Makowiecki	11-10939

CONFIRMATION NO. 5973



Alan H. Thompson
P.O. Box 808, L-703
Livermore, CA 94551

Date Mailed 04/05/2002

RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT

Claims, Fees, Inventors and Continuity

In response to your request for a corrected Filing Receipt, the Office is unable to comply with your request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It includes the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).
- ☐ The docket number allows a maximum of 25 characters.
- ☒ Continuity claimed under 35 USC 120 cannot be added to the Filing Receipt without supplying the relationship (i.e. continuation, divisional...).
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- ☐ The person signing on behalf of the deceased inventor will be reflected on your Filing Receipt as the legal representative.
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PART 2 - COPY TO BE RETURNED WITH RESPONSE



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Bib Data Sheet

FILE COPY

CONFIRMATION NO. 5973

SERIAL NUMBER 10/032,758	FILING DATE 10/19/2001 RULE	CLASS 149	GROUP ART UNIT 3641	ATTORNEY DOCKET NO. IL-10939
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APPLICANTS

Daniel M. Makowiecki, Burson, CA;
Robert S. Rosen, Gaithersburg, MD;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 08/998,370 12/24/1997 ABN
AND IS A CIP OF 09/379,485 08/23/1999
WHICH IS A DIV OF 08/998,370 12/24/1997 ABN
WHICH IS A DIV OF 08/490,107 06/07/1995 *
(*Data provided by applicant is not consistent with PTO records.

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**** FOREIGN APPLICATIONS *******

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** 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Limited-life cartridge primers

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